

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *1309

Place of Birth Dayton County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Female { Twin Triplet or other? } and { Number in order of birth }

DATE OF BIRTH* Mar 2nd 1930
(Month) (Day) (Year)

FULL NAME Saba FATHER Hally

FULL NAME Leona MOTHER Hally Turner

I HEREBY CERTIFY that the child described herein has been named

Lula May Hally
(Give name in full) (Surname)

E. L. Turner
(Signature of Physician or Midwife)
Grandfather

*These items to be entered by the local registrar before giving out this form.

*Blank supplemental reports of birth may be obtained from the local registrar.
M 11-41 A.P.

389-302-337

